This document is referenced in an endnote at the Bradford Tax Institute. CLICK HERE to go to the home page.

Form **9465**

(Rev. February 2017) Department of the Treasury Internal Revenue Service

Installment Agreement Request

Information about Form 9465 and its separate instructions is at www.irs.gov/form9465.
 If you are filing this form with your tax return, attach it to the front of the return.
 See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** Don't file this form if you can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Don't file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see **Bankruptcy or offer-in-compromise**, in the instructions.

Part	11									
	uest is for Form(s) (for example, Form 1040 or Form 941) ▶		and for	tax year(s) (for example, 2012 and 2013	3) ▶					
1a	Your first name and initial Last	name	You				our social security number			
	If a joint return, spouse's first name and initial Last name Current address (number and street). If you have a P.O. box and no hor			Sp			Spouse's social security number			
				no home delivery, enter your box number.			Apt. number			
	City, town or post office, state, and ZIP code. If a foreign address									
	Foreign country name			Foreign province/state/county			Foreign postal of	code		
1b	If this address is new since you filed your last	tax return,	, chec	k here				▶ □		
2	Name of your business (must be no longer operating)				Emp	loyer iden	ification numbe	er (EIN)		
3			4							
	Your home phone number Best time for us to call			Your work phone number Ext.			Best time for us to call			
5	Name of your bank or other financial institution: Address City, state, and ZIP code		6	Your employer's name:						
				Address						
				City, state, and ZIP code						
7	Enter the total amount you owe as shown on y	our tax re	turn(s) (or notice(s))		7				
8	Enter the amount of any payment you are making			1 11						
9	Subtract line 8 from line 7 and enter the result			.,.		9				
10	Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months									
11	Divide the amount on line 9 by 72 and enter th	_	_			10				
• If the amount on line 10 is less than the amount on line 11 and you are unable to increase your 11, complete and attach Form 433-F, Collection Information Statement.							payment to the amount on line			
	• If the amount on line 10 is equal to or greater not more than \$50,000, you must complete eit			er than \$25,0	000 but					
12	• If the amount on line 9 is greater than \$50,00 Enter the date you want to make your paymen						tatement.			
13	If you want to make your payments by direct						fill in lines	13a and		
	13b. This is the most convenient way to make your payments and it will ensure that they are made on time.									
>	a Routing number									
>										
	I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the fininstitution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To repayment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settle date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential informations and resolve issues related to the payments.									
14	If you want to make your payments by payroll Agreement				•			duction		
Your si	<u> </u>	Date		Spouse's signature. If a joint return,			Date			

Form 9465 (Rev. 2-2017)

Part II

Part	Additional information. Complete this part only if you have defaulted on an installment past 12 months and the amount you owe is greater than \$25,000 but not more \$50,000 line 10 is equal to or greater than the amount on line 11. If you owe more than \$50,000 Form 433-F, Collection Information Statement.	00 and the amou	unt on
15	In which county is your primary residence?		
16a b	Marital status: Single. Skip question 16b and go to question 17. Married. Go to question 16b. Do you share household expenses with your spouse? Yes. No.		
17	How many dependents will you be able to claim on this year's tax return?	17	
18	How many people in your household are 65 or older?	18	
19	How often are you paid? Once a week. Once every two weeks. Once a month. Twice a month.		
20	What is your net income per pay period (take home pay)?	20 \$	
21	How often is your spouse paid? Once a week. Once every two weeks. Once a month. Twice a month.		
22	What is your spouse's net income per pay period (take home pay)?	22 \$	
23	How many vehicles do you own?	23	
24	How many car payments do you have each month?	24	
	Do you have health insurance? Yes. Go to question 25b. No. Skip question 25b and go to question 26a. Are your premiums deducted from your paycheck? Yes. Skip question 25c and go to question 26a. No. Go to question 25c.		
С	How much are your monthly premiums?	25c \$	
	Do you make court-ordered payments? Yes. Go to question 26b. No. Go to question 27. Are your court-ordered payments deducted from your paycheck? Yes. Go to question 27. No. Go to question 26c.	locale	ı
С	How much are your court-ordered payments each month?	26c \$	
27	Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month?	27 \$	